

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101566594

FILING DATE

1-31-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	8					
4	8					
5	8					
6	8					
7	8					
8	1					
9						
10	1					
11						
12	1					
13						
14						
15	2					
16	2					
17	2					
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45			1			
46			1			
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			32			
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						